

Attorney Docket No. 0018-10

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Carl E. Fabian Group Art Unit: 3761
Serial No.: 10/650,377 Examiner: Catharine L. Anderson
Filed: August 28, 2003
For: **ATTACHMENT OF ELECTRONIC TAGS TO SURGICAL
SPONGES AND IMPLEMENTS**
Docket No.: 0018-10

Bedminster, N.J. 07921
March 20, 2006


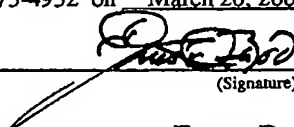
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

M a d a m :

SUPPLEMENTAL RESPONSE UNDER 37 CFR 1.111

In response to the telephonic interview conducted March 20, 2006, and in further response to the Office Action dated October 6, 2005, the following Remarks are filed

Remarks/Arguments begin on page 2 of this paper.

AMENDMENT TRANSMITTAL LETTER				ATTORNEY'S DOCKET NO.: 0018-10		
SERIAL NUMBER: 10/650,377		FILING DATE: August 28, 2003		EXAMINER: Catharine L. Anderson		GROUP ART UNIT: 3761
INVENTION: ATTACHMENT OF ELECTRONIC TAGS TO SURGICAL SPONGES AND IMPLEMENTS						
INVENTOR(s): Carl E. Fabian						
TO THE ASSISTANT COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.						
CLAIMS AS AMENDED						
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) NO. OF EXTRA CLAIMS PRESENT	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	7	MINUS	27	0	X \$25	0.00
INDEP. CLAIMS	3	MINUS	3	0	X \$100	0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0.00
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p><input checked="checked" type="checkbox"/> No additional fee is required.</p> <p><input type="checkbox"/> Charge \$ _____ to Deposit Account No. _____. A triplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The undersigned petitions for any extension of time for filing this document required under 37 C.F.R. 1.136 and submits a check for \$ _____ to cover the extension fee _____. A triplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> Charge any additional fees to Deposit Account No. 01-1125</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="text-align: center;"><u>March 20, 2006</u> Date</div><div style="text-align: center;"> Signature</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="text-align: center;"><u>(908) 901-0220</u> Phone</div><div style="text-align: center;"><u>Ernest D. Buff</u> Attorney Name</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="text-align: center;"><u>25,833</u> Reg. Number</div></div>						
<p>I hereby certify that this correspondence is facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 via Facsimile Mail Number (571) 273-4932 on <u>March 20, 2006</u>.</p> <div style="display: flex; justify-content: flex-end; margin-top: 20px;"><div style="text-align: center;"> (Signature)</div><div style="text-align: center; margin-top: 10px;"><u>Ernest D. Buff</u> Attorney of Record</div><div style="text-align: center; margin-top: 10px;"><u>March 20, 2006</u> (Date)</div></div>						